PTO/SB/30 (05,437)
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JUN 2 0 2003

nder the Paperwork Reduction Act of 1995, no persons are required to re-REQUEST **FOR CONTINUED EXAMINATION (RCE)** 

**TRANSMITTAL** Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Application Number	09/936,943					
Filing Date	January 16, 2002					
First Named Inventor	Yuji YAKURA					
Art Unit	2853					
Examiner Name	L. Nguyen					
Attorney Docket No.	SON-1994/KOI					

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

8, 1995, or to any design application.									
Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be									
a considered as a submission even if this box is not check									
i. Consider the amendments in the Response After Final Rejection previously filed on									
ii. Other	Information Disclosure Statement (IDS)  Other  Other								
b. Enclosed									
i. x Amendment/Reply iii.	Information Disclosure Statement (IDS)								
ii. Affidavit(s)/Declaration(s) iv.	Information Disclosure Statement (IDS)  OLOGY CHITE  OTHER								
2. Miscellaneous	2003 NTE								
a. Suspension of action on the above-identified a	pplication is requested under 37 CFR 1.103(c) for a								
	sion shall not exceed 3 months; Fee under 37 CFR 1.17(2) required)								
b. Other									
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 3	7 CFR 1.114 when the RCE is filed.								
a. x The Director is hereby authorized to charge the	e following fees, or credit any overpayments, to								
Deposit Account No. 18-0013	·								
i. X RCE fee required under 37 CFR 1.17(e)	06/23/2003 NGEBREM1 00000081 180013 09936943								
ii. x Extension of time fee (37 CFR 1.136 and 1.1	7) 01 FC:1801 750.00 DA								
iii. Other									
b. Check in the amount of \$	enclosed								
c. Payment by credit card (Form PTO-2038 enclose	ed)								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED									
Name (Print/Type) Romald/R/. Kananen	Registration No. (Attorney/Agent) 24,104								
Signature	Date June 20, 2003								

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PTO/SB/17 (05-03)
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## **FEE TRANSMITTAL** for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27 AMOUNT OF PAYMENT (\$)

09/936,943 **Application Number** January 16, 2002 Filing Date Yuji Yakura First Named Inventor **Examiner Name** L. Nguyen 2853 Art Unit SON-1994/KOI Attorney Docket No.

TOTAL AMOUNT OF PATIMENT (3) 880.00		_	CEE	CALCULATION (continued)				
METHOD OF PAYMENT (check all that apply)				FEE	CALCOLATION (continued)			
Check Credit Money Order Other None	3. ADDITIONAL FEES							
X Deposit Account								
Deposit	Large	Fee	Small Fee	Fee				
Account 18-0013	Code	(\$)	Code	(\$)	Fee Description	Fee Paid		
Deposit D. J. Siehman & Crayer BLLC	1051	130	2051	65	Surcharge - late filing fee or oath			
Name	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
The Director is hereby authorized to: (check all that apply)	4050	100	1053	130	Non-English specification			
X Charge fee(s) indicated below X Credit any overpayments	1053	130			· ·			
Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
Charge fee(s) indicated below, except for the filling fee	1804	920,	1804	920*	Requesting publication of SIR prior to Examiner action			
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	110.00		
1. BASIC FILING FEE	1252	410	2252	205	Extension for reply within second month	<u> </u>		
Large Entity Small Entity	1253	930	2253	465	Extension for reply within third month			
Fee Fee Fee Fee Fee Description Fee Paid  Code (\$) Code (\$)	1254	1,450	2254	725	Extension for reply within fourth month			
1001 750 2001 375 Utility filing fee	1255	1,970	2255	985	Extension for reply within fifth month	<u> </u>		
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appeal			
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief in support of an appeal			
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding			
	1452	110	2452	55	Petitlon to revive – unavoidable			
SUBTOTAL (1) (\$) 0.00	1453	1,300	2453	650	Petition to revive – unavoidable Petition to revive - unintentional Utility issue fee (or reissue)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue fee (or reissue)			
Extra Fee from	1502	470	2502	235	Design issue fee	22		
Total Claims 36 -20** = x = x	1503	630	2503	315	Plant issue fee			
Independent 9 -3**= x =	1460	130	1460	130	Petitions to the Commissioner			
Claims Multiple Dependent	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	7.44		
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Strnt			
Fee Fee Fee Fee Fee Description	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	4		
Code (\$) Code (\$)  1202 18 2202 9 Claims in excess of 20	1809	750	2809	375	Filing a submission after final rejection C	₹		
1201 84 2201 42 Independent claims in excess of 3					(37 CFR 1.129(a)) For each additional invention to be			
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	examined (37CFR 1.129(b))	<b></b>		
1204 84 2204 42 ** Reissue independent claims	1801	750	2801	375	Request for Continued Examination (RCE)	750.00		
over original patent	1802	900	1802	900	Request for expedited examination of a design application			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)							
. SUBTOTAL (2) (\$)	*Redu	ced by	Basic F	iling Fe	e Paid SUBTOTAL (3) (\$)	860.00		
**or number previously paid, if greater, Fdr Reissues, see above								
SUBMITTED BY Complete (if applicable)								

Registration No. Telephone (202) 955-3750 24,104 Name (Print/Type) Royald P. Karranen (Attorney/Agent) June 20, 2003 Date Signature

DC124796

CLAIMS AS FILED - PART	Application or Docket Number												
TOTAL CLAIMS   Column 1)	PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Of 136943												
### TOTAL CLAIMS  FOR   NUMBER FILED   NUMBER EXTRA    ### TOTAL CHARGEABLE CLAIMS   NUMBER EXTRA    FOR   NUMBER FILED   NUMBER    FOR   NUMBER FILED    FOR   NUMBER	CLAIMS AS FILED - PART I								NT/TY	OR		1	
MULTIPLE DEPENDENT CLAIMS	ACTION OF THE PROPERTY OF THE						FEE	1	RATE	FEE			
NOTAL CHARGEABLE CLAIMS	-		<u> </u>	NUMBER	FILED	NUME	ER EXTRA	BAS	C FEE	370.00	OR	BASIC FEE	140.00
MULTIPLE DEPENDENT CLAIMS	FOR HOMOLITIES				XS	9=		OB	X\$18=				
MULTIPLE DEPENDENT CLAIM PRESENT					X	12=	i	OR	X84=				
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CCAMMS   AS AMENDED - PART II   COlumn 2   Column 3   SMALL ENTITY   OR SMALL ENTI	L			<del> </del>	oro ente	r "O" in C	column 2			1	1 1		75500
Column 1   Column 2   Column 3   SMALL ENTITY ON   EXTRA PRESENT   FREE   SMALL ENTITY ON   SMALL ENTITY ON   FREE   TIONAL FEE   TI	* 1f								TAL	L	1011	•	THAN
Total ADDI- RATE TIONAL FEE  (Column 1) (Column 2) (Column 3) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total ADDI- TOTAL		C	// / /	MENDEL			(Column 3)	SM	ALL	ENTITY	OR	SMALL	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	1		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	IEST BER DUSLY		R/A	TE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ME	Total	10/0	Minus	** O	36	=	X\$	9=	/	OR	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AENG		. 9	Minus	***	9	=	X4	2=		OR	. X84=	
COLUMN 1) (COLUMN 2) (COLUMN 3)  REMAINING REMAINING REMAINING REMAINING AMENDMENT PAID FOR ADDIT FEE    Total	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+14	10=	/	OR	+280=				
TOTAL ADDIT FEE  (Column 1) (Column 2) (Column 3)  REMAINING AFTER PREVIOUSLY PAID FOR TOTAL ADDIT FEE  (Column 1) (Column 2) (Column 3)  (Column 1) (Column 2) (Column 3)  (Column 2) (Column 3)  (Column 3) (Column 3)  (Column 4) (Column 2) (Column 3)  (Column 5) (Column 6) (Column 7)  (Column 6) (Column 7) (Column 7)  (Column 7) (Column 8) (Column 8)  (Column 8) (Column 9) (Column 8)  (Column 1) (Column 9) (Column 8)  (Column 1) (Column 9) (Column 8)  (Column 1) (Column 9) (Column 1)  (Column 1) (Column 1) (Column 3)  (Column 1) (Column 1) (Column 3)  (Column 1) (Column 1) (Column 3)  (Column 3) (Column 3)  (Column 4) (Column 1) (Column 3)  (Column 5) (Column 3)  (Column 6) (Column 7) (Column 8)  (Column 7) (Column 8)  (Column 8) (Column 8)  (Column 9) (Column 8)  (Column 1) (Column 9) (Column 8)  (Column 1) (Column 1) (Column 3)  (Column 1) (Column 1) (Column 3)  (Column 1) (Column 1) (Column 3)  (Column 1) (Column 3)  (Column 3) (Column 3)  (Column 3) (Column 3)  (Column 1) (Column 3)  (Column 3) (Column 3)  (Column 3) (Column 3)  (Column 4) (Column 3)  (Column 3) (Column 3)  (Column 3) (Column 3)  (Column 4) (Column 3)  (Column 3) (Column 3)  (Column 4) (Column 3)  (Column 5) (Column 6) (Column 6)  (Column 6) (Column 7) (Column 7)  (Column 7) (Column 8)  (Column 8) (Column 8)  (Column 1) (Column 8)	•									<del> </del>	OR		
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Independent * Minus *** = X42= OR X84=     FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	1.		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT	RA	TE	TIONAL		RATE	TIONAL
Independent * Minus *** = X42= OR X84=     FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ME	Total	*	Minus			=	X\$	9=		OR	X\$18=	
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(Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "20."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "20."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "3."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "3."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 50, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."  * If the "Highest Number Previously Paid For" in This SPACE is less than 30, enter "30."	₹	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		+14	0=		OR	+280=	
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CLAIMS REMAINING AFTER AMENDMENT  Total  Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  It the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  Independent Total  ADDI- TIONAL FEE  X\$ 9=  OR  X\$18=  OR  X84=  H140=  OR  ADDI- TIONAL FEE  OR  ADDI- TIONAL FEE  OR  ADDI- TIONAL FEE  OR  ADDI- TOTAL ADDIT. FEE  OR  ADDIT. FEE  OR  TOTAL ADIT. FEE  OR  TOTAL ADDIT. FEE  OR  TOTAL ADIT. FEE  OR  TOTAL AD					10.1	(2)	(Column 3)	ADDIT	. FEE		•	, 60	
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Patent and traderitary Office, 5/01)	Patent and Trademark Office, U.S. DEPARTMENT OF COMMITTEE												